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AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [X]IXC [X]CLEC []ILEC []Wireless

	CERTIFICATED COMPANY INFORMATION					24711
Pi	NG Telecommun	ications. Inc.	: 		m Maria	
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		Communications		51 <u>3-942-7900</u>		
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City, State	, Zip Code			County		
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City, State	e, Zip Code:	Colum	idia, SC 29223_			
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G	eneral Manager (ir	nclude address if different the	an above.)	•		
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	Telephone Number	Facsimile Number		all Address		. # . #	
ddit	ion, please provide the followin	g company contact inform	ation to assist I	n proper routing	of correspond	ence and i	nvoice
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	Regulatory Officer (Include	Address it different than abo	i				
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	Nancy Malley, Billsoft services Universal Service Fund Malli 8675 w. 96th street, #	ngs (Name) 220, overland park, KS 6621	2		· :	: .	
	Mailing Address (800) 525-8175 x141 Telephone Number	/(913)438-92 Facsimile Number		mailey@billsof mail Address	ft.com		
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	Telephone Number Sharon Porter, CPA This form was completed by (E-	V):	Shawn lignature	Pot	ter
	Sharon Porter, CPA	print name)	E-	V):	Shawn Ignature 3/1/12	Pot	ter

RETURN COMPLETED FORM TO:

Public Service Commission of SC Clerk's Office Post Office Drawer 11649 Columbia, South Carolina 29211 Office of Regulatory Staff Attn: Jeanne Gordon 1401 Main Street, Suite 900 Columbia, South Carolina 29201